

INSTRUCTIONS

CFS-215-R (Risk Determination)

Purpose:

The "Risk Assessment of Child(ren) under Care of Alleged Offender" (CFS-215-R) is used to indicate whether children under the care of the alleged offender appear to be at risk.

The investigator, supervisor, area manager, assistant director, and director must agree children are at risk **before** notice can be sent to the alleged offender's employer, entity in charge of alleged offender's paid or volunteer activity, or licensing or registering authority via the CFS-214-R, "Notice of Child Maltreatment Allegation to Employer or Entity in Charge of Alleged Offender's Paid or Volunteer Activity or Licensing or Registering Authority."

Completion:

Part 1 – Investigator Completes

Name: Enter the name of the alleged offender.

Chris #: Insert the CHRIS referral number.

Employer: Enter the name of the business or entity in charge of paid activity at which the alleged offender is employed.

Job Title: Enter the job title of the alleged offender.

Supervisor: Enter the name of the alleged offender's supervisor.

Level of Supervision: Enter the degree of supervision exercised over the alleged offender in his/her interactions with children while at work.

Employer's Address: Enter the full address of the employer.

Volunteer Coordinating Agency: Enter the name of the business or entity in charge of volunteer activity at which the alleged offender volunteers.

Volunteer Position: Enter the volunteer position of the alleged offender.

Supervisor: Enter the name of the alleged offender's supervisor.

Level of Supervision: Enter the degree of supervision exercised over the alleged offender in his/her interactions with children while volunteering.

Volunteer Agency's Address: Enter the full address of the location of volunteer activity.

Licenses & Registrations: Enter any professional licenses or registration held by the alleged offender.

Licensing/Registering Authority's Address: Enter the full address of the licensing/registering authority which is responsible for licensing or registering the agency or business location where the alleged abuse occurred or when other children at the agency or business under the care of the alleged offender are at risk or when the licensing or registering authority is responsible for monitoring the professional behavior of the registered or licensed professional who is the alleged offender.

Part 2 – Investigator Completes

Type of Alleged Maltreatment: Check all that apply.

Description: Insert a brief description of the suspected child maltreatment.

Part 3 – Investigator Completes

Risk: Check the appropriate box to indicate whether children are at risk.

Signature: Print and sign the name of the investigator. Enter date form is signed.

Part 4 – Supervisor Completes

Risk: Check the appropriate box to indicate whether Supervisor confirms that children are at risk.

Signature: Print and sign the name of the DCFS/CACD Supervisor. Enter date form is signed.

Part 5 – Area Manager Completes (*DCFS only*)

Risk: Check the appropriate box to indicate whether Area Manager confirms that children are at risk.

Signature: Print and sign the name of the Area Manager. Enter date form is signed.

Part 6 – Director Completes (*DCFS only*)

Risk: Check the appropriate box to indicate whether Director or Designee confirms that children are at risk.

Signature: Print and sign the name of the Director. Enter date form is signed.

Routing:

1. Retain original in file.